

FCC Form 471

Approval by OMB
3060-0806

Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference)	Form 471 Application #: 909763 (To be assigned by administrator)
Block 1: Billed Entity Address and Identifications	
1 Name of Billed Entity MEO HEAD START 2 Funding Year 2013 3a Entity Number 16043126 3b FCC Registration Number 0005696984 4a Street Address, P.O. Box, or Route Number 99 MAHALANI STREET City WAILUKU State HI Zip Code 96793- 4b Telephone Number (808) 249-2988 4c Fax Number (808) 249-2989 5a Type of Application (check only one) <input type="radio"/> Individual School (individual public or non-public school) <input checked="" type="radio"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) <input type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA) <input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries) <input type="radio"/> Statewide application for (enter 2-letter state code) representing (check all that apply) <input type="checkbox"/> All public schools/districts in the state <input type="checkbox"/> All non-public schools in the state <input type="checkbox"/> All libraries in the state 5b Recipient(s) of Services: <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> State Agency	
Entity Number: 16043126	Applicant's Form Identifier:
Contact Person: Patrick O'Rourke	Contact Phone Number: (808) 249-2988
Block 1: Billed Entity Address and Identifications (continued)	
6a Contact Person's Name Patrick O'Rourke If the Contact Person's Street Address is the same as Item 4 above, check here. <input type="checkbox"/> If not, complete Item 6b. 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 99 MAHALANI STREET City WAILUKU State HI Zip Code 96793- Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided. <input type="checkbox"/> 6c Telephone Number (808) 249 - 2988 Ext. 381 <input type="checkbox"/> 6d Fax Number (808) 249 - 2989 <input checked="" type="checkbox"/> 6e E-Mail Address patrick.o'rourke@meoinc.org Re-enter E-mail Address patrick.o'rourke@meoinc.org 6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address Debbi Amaral 808-249-2988 If a consultant is assisting you with your application process, please complete Item 6g below: 6g Consultant Name Name of Consultant's Employer Consultant's Street Address City State Zip Code Consultant's Telephone Number Ext. Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number	

Entity Number: 16043126		Applicant's Form Identifier:	
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988	
Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.			
Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.			
Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471			
		Schools	Libraries
7a Number of students or patrons to be served	273	0	
b Telephone service: Number of classrooms or rooms with phone service	14	0	
c Direct connections to the Internet: Number of drops	9	0	
d Number of classrooms or rooms with Internet access	12	0	
e Number of computers or other devices with Internet access	28	0	
f Number of dial-up Internet access and other connections of up to 200 kbps:	0	0	
g High-speed Internet access services: Number of buildings served at the following speeds (please use advertised download speed coming into building, not actual speed in classroom or work area):	At or greater than 200 kbps and less than 1.5 mbps	0	0
	At or greater than 1.5 mbps and less than 3 mbps	12	0
	At or greater than 3 mbps and less than 10 mbps	0	0
	At or greater than 10 mbps and less than 25 mbps	0	0
	At or greater than 25 mbps and less than 50 mbps	0	0
	At or greater than 50 mbps and less than 100 mbps	0	0
	Greater than 100 mbps	0	0
Block 3:			
8 [Reserved]			

Entity Number: 16043126										Applicant's Form Identifier:				
Contact Person: Patrick O'Rourke										Contact Phone Number: (808) 249-2988				
Block 4: Discount Calculation Worksheet														
Worksheet - 1559655 Page 1 of 2														
<p>The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.</p> <p><input checked="" type="checkbox"/> Check here if this worksheet contains all eligible entities in the school district or library system.</p>														
9a List entities and calculate discount(s).										(For Administrator's Use)				
School District or Library System Name:										School District or Library System Entity Number:				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc Matrix	New Construction	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): Pa=pre-K, H=Head Start, A=Adult Education, J=Juvenile Justice, E=ESA, D=Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
KAHULUI A HEAD START	16043258	R	19	19	100.000%	90	N	N	N	1710	H			
KAHULUI B HEAD START	16043260	R	20	20	100.000%	90	N	N	N	1800	H			
LIHIKAI PRE-PLUS HEAD START	16043262	R	20	20	100.000%	90	N	N	N	1800	H			
KIHEI A HEAD START	16043273	R	20	20	100.000%	90	N	N	N	1800	H			
KIHEI B HEAD START	16043274	R	20	20	100.000%	90	N	N	N	1800	H			
MCC HEAD START	16043276	R	20	20	100.000%	90	N	N	N	1800	H			
HALKU HEAD START	16043255	R	20	20	100.000%	90	N	N	N	1800	H			
MAKAWAO A	16043283	R	20	20	100.000%	90	N	N	N	1800	H			
MAKAWAO B	16043284	R	20	20	100.000%	90	N	N	N	1800	H			
WAILUKU A	16043285	R	20	20	100.000%	90	N	N	N	1800	H			
KAHEKILI TERRACE	16043287	R	15	15	100.000%	90	N	N	N	1350	H			
KAUNAKAKAI A	16043288	R	20	20	100.000%	90	N	N	N	1800	H			
KAUNAKAKAI B	16043289	R	20	20	100.000%	90	N	N	N	1800	H			
LAHAINA HEAD START	16043279	R	19	19	100.000%	90	N	N	N	1710	H			
9b Shared Services														
SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.			273							24570				90%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number:										Applicant's Form Identifier:				
Contact Person:										Contact Phone Number:				

Block 4: Discount Calculation Worksheet **Worksheet - 1559700**
Page 2 of 2

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☒ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s): (For Administrator's Use)

School District or Library System Name: **School District or Library System Entity Number:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCEES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Construction	Admin. Entity or NIF	All Disc. Mech.	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P = pre-K, H = Head Start, A = Adult Education, J = Juvenile Justice, E = ESA, D = Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
KAHULUI A HEAD START	16043258	R	19	19	100.000%	90	N	N	N	1710	H			
KAHULUI B HEAD START	16043260	R	20	20	100.000%	90	N	N	N	1800	H			
RIHIKAUPPE PLUS HEAD START	16043262	R	20	20	100.000%	90	N	N	N	1800	H			
KIHEI A HEAD START	16043273	R	20	20	100.000%	90	N	N	N	1800	H			
KIHEI B HEAD START	16043274	R	20	20	100.000%	90	N	N	N	1800	H			
MCC HEAD START	16043276	R	20	20	100.000%	90	N	N	N	1800	H			
HALKU HEAD START	16043255	R	20	20	100.000%	90	N	N	N	1800				
MAKAWAO A	16043283	R	20	20	100.000%	90	N	N	N	1800	H			
MAKAWAO B	16043284	R	20	20	100.000%	90	N	N	N	1800	H			
WAILUKU A	16043285	R	20	20	100.000%	90	N	N	N	1800	H			
KAHEKILI TERRACE	16043287	R	15	15	100.000%	90	N	N	N	1350	H			
KAUNAKAKAI A	16043288	R	20	20	100.000%	90	N	N	N	1800	H			
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LAHAINA HEAD START	16043279	R	19	19	100.000%	90	N	N	N	1710	H			

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	273									24570				90%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number: 16043128		Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 1 of 22 FRN 2550806 (to be assigned by administrator)			
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:					
11 Category of Service (only ONE category should be checked) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width: 50%;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations	
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12 Form 470 Application Number 149560001132743		Recurring Charges			
13 SPIN – Service Provider Identification Number 143002709					
14 Service Provider Name Hawaiian Telcom, Inc.					
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.					
15b Contract Number MTM					
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		Non-Recurring Charges			
16a Billing Account Number (e.g., billed telephone number) 808-553-5472					
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.					
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/2013					
18 Contract Award Date (mm/dd/yyyy)					
19 Service Start Date (mm/dd/yyyy) 07/01/2013		Total Charges			
20a Service End Date (mm/dd/yyyy) 06/30/2014					
20b Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.					
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16043289			
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):			



Entity Number: 16043126		Applicant's Form Identifier:																												
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13 SPIN - Service Provider Identification Number 143002709																																											
14 Service Provider Name Hawaiian Telcom, Inc.																																											
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tarified or month-to-month services.																																											
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16a Billing Account Number (e.g., billed telephone number) 808-873-7459																																											
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																																											
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/2013																																											
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21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.																																											
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16043258																																									
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Entity Number: 16043126		Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2968			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 4 of 22 FRN 2550812 (to be assigned by administrator)			
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:					
11 Category of Service (only ONE category should be checked) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width: 50%; vertical-align: top;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations	
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12 Form 470 Application Number 149560001132743		Recurring Charges			
13 SPIN - Service Provider Identification Number 143002709					
14 Service Provider Name Hawaiian Telcom, Inc.					
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. 15b Contract Number MTM					
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: 16a Billing Account Number (e.g., billed telephone number) 808-242-1057 16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		Non-Recurring Charges			
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/2013					
18 Contract Award Date (mm/dd/yyyy)					
19 Service Start Date (mm/dd/yyyy) 07/01/2013 20a Service End Date (mm/dd/yyyy) 06/30/2014 Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.		MCC Internet			
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16043276 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):			

Entity Number: 16043126		Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 5 of 22 FRN 2550813 (to be assigned by administrator)			
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:					
11 Category of Service (only ONE category should be checked) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width: 50%; vertical-align: top;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations	
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12 Form 470 Application Number 149560001132743		Recurring Charges			
13 SPIN – Service Provider Identification Number 143002709					
14 Service Provider Name Hawaiian Telcom, Inc.					
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. 15b Contract Number MTM					
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		Non-Recurring Charges			
16a Billing Account Number (e.g., billed telephone number) 808-873-7459					
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.					
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/2013					
18 Contract Award Date (mm/dd/yyyy)		Total Charges			
19 Service Start Date (mm/dd/yyyy) 07/01/2013					
20a Service End Date (mm/dd/yyyy) 06/30/2014					
20b Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.					
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16043258			
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):			

Entity Number: 16043126		Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 6 of 22 FRN 2550814 (to be assigned by administrator)			
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:					
11 Category of Service (only ONE category should be checked) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width: 50%; vertical-align: top;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations	
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12 Form 470 Application Number 149560001132743		Recurring Charges			
13 SPIN - Service Provider Identification Number 143033322					
14 Service Provider Name Clearwire Communications, LLC					
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.					
15b Contract Number MTM					
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non-Recurring Charges			
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:					
16a Billing Account Number (e.g., billed telephone number) 1359042					
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.					
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/2013					
18 Contract Award Date (mm/dd/yyyy)		Total Charges			
19 Service Start Date (mm/dd/yyyy) 07/01/2013					
20a Service End Date (mm/dd/yyyy) 06/30/2014					
Contract Expiration Date					
20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.					
22 Entity/Entities Receiving This Service:		Kahekili Terrace Internet			
		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16043287			
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):			



Entity Number: 16043126		Applicant's Form identifier:												
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988												
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 7 of 22 FRN 2550826 (to be assigned by administrator)												
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:														
11 Category of Service (only ONE category should be checked) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width: 50%; vertical-align: top;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations										
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12 Form 470 Application Number 149560001132743		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 20%; vertical-align: middle;">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service)</td> <td>\$42.54</td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td>\$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td>\$42.54</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td>12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td>\$510.48</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$42.54	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$42.54	D. Number of months service provided in funding year	12	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$510.48
Recurring Charges	A. Monthly charges (total amount per month for service)				\$42.54									
	B. How much of the amount in A is ineligible?				\$0.00									
	C. Eligible monthly pre-discount amount (A minus B)				\$42.54									
	D. Number of months service provided in funding year				12									
	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$510.48												
13 SPIN - Service Provider Identification Number 143002709														
14 Service Provider Name Hawaiian Telcom, Inc.														
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 20%; vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td>\$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td>\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td>\$0.00</td> </tr> <tr> <td>I. Total funding year pre-discount amount (E + H)</td> <td>\$510.48</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td>90.00</td> </tr> </table>		Non-Recurring Charges	F. Annual non-recurring charges	\$0.00	G. How much of the amount in F is ineligible?	\$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00	I. Total funding year pre-discount amount (E + H)	\$510.48	J. Discount from Block 4 Worksheet	90.00
Non-Recurring Charges	F. Annual non-recurring charges				\$0.00									
	G. How much of the amount in F is ineligible?				\$0.00									
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15b Contract Number MTM														
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:														
16a Billing Account Number (e.g., billed telephone number) 808-244-4626														
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 20%; vertical-align: middle;">Total Charges</td> <td>K. Funding Commitment Request (I x J)</td> <td>\$459.43</td> </tr> </table>		Total Charges	K. Funding Commitment Request (I x J)	\$459.43								
Total Charges	K. Funding Commitment Request (I x J)				\$459.43									
	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/2013													
	18 Contract Award Date (mm/dd/yyyy)													
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22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16043285												
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):												

Entity Number: 16043126		Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 8 of 22 FRN 2550827 (to be assigned by administrator)			
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:					
11 Category of Service (only ONE category should be checked) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width: 50%; vertical-align: top;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations	
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections				
12 Form 470 Application Number 149560001132743		Recurring Charges			
13 SPIN - Service Provider Identification Number 143002709					
14 Service Provider Name Hawaiian Telcom, Inc.					
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.					
15b Contract Number MTM		Non-Recurring Charges			
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).					
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:					
16a Billing Account Number (e.g., billed telephone number) 808-242-1057					
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		Total Charges			
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/2013					
18 Contract Award Date (mm/dd/yyyy)					
19 Service Start Date (mm/dd/yyyy) 07/01/2013					
20a Service End Date (mm/dd/yyyy) 06/30/2014		F. Annual non-recurring charges \$0.00			
20b Contract Expiration Date (mm/dd/yyyy)		G. How much of the amount in F is ineligible? \$0.00			
		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00			
		I. Total funding year pre-discount amount (E + H) \$510.48			
		J. Discount from Block 4 Worksheet 90.00			
		K. Funding Commitment Request (I x J) \$459.43			
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22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16043276			
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):			

Entity Number: 16043126		Applicant's Form Identifier:																	
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988																	
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 9 of 22 FRN 2550828 (to be assigned by administrator)																	
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:																			
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Recurring Charges	A. Monthly charges (total amount per month for service)				\$44.54														
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13 SPIN - Service Provider Identification Number 143002709																			
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Entity Number: 16043126		Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988			
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10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:					
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12 Form 470 Application Number 149560001132743		Recurring Charges			
13 SPIN - Service Provider Identification Number 143002709					
14 Service Provider Name Hawaiian Telcom, Inc.					
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16a Billing Account Number (e.g., billed telephone number) 808-572-1639					
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		Total Charges			
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/2013					
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		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):			



Entity Number: 16043128		Applicant's Form Identifier:																												
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988																												
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16a Billing Account Number (e.g., billed telephone number) 808-872-9511																														
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																														
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Entity Number: 16043126		Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988			
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10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:					
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Entity Number: 16043126		Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988			
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10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided.					
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17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/2013					
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Kihei B Telephone					
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	C. Eligible monthly pre-discount amount (A minus B)	\$42.54																												
	D. Number of months service provided in funding year	12																												
	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$510.48																												
Non-Recurring Charges	F. Annual non-recurring charges	\$0.00																												
	G. How much of the amount in F is ineligible?	\$0.00																												
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00																												
Total Charges	I. Total funding year pre-discount amount (E + H)	\$510.48																												
	J. Discount from Block 4 Worksheet	90.00																												
	K. Funding Commitment Request (I x J)	\$459.43																												
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided. <div style="float: right; text-align: right;">Kihei A Telephone</div>																														
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16043273 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																												

Entity Number: 16043126		Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 15 of 22 FRN 2550834 (to be assigned by administrator)			
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:					
11 Category of Service (only ONE category should be checked) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width: 50%; vertical-align: top;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations	
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12 Form 470 Application Number 149560001132743		Recurring Charges			
13 SPIN - Service Provider Identification Number 143002709					
14 Service Provider Name Hawaiian Telcom, Inc.					
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.					
15b Contract Number MTM					
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non-Recurring Charges			
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:					
16a Billing Account Number (e.g., billed telephone number) 808-893-2595					
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.					
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/2013					
18 Contract Award Date (mm/dd/yyyy)		Total Charges			
19 Service Start Date (mm/dd/yyyy) 07/01/2013					
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22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16043260			
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):			

Kahalui B Telephone

Entity Number: 16043126		Applicant's Form Identifier:																																			
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16a Billing Account Number (e.g., billed telephone number) 808-575-2835																																									
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16a Billing Account Number (e.g., billed telephone number) 808-572-1135					
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Entity Number: 16043126	Applicant's Form Identifier:
Contact Person: Patrick O'Rourke	Contact Phone Number: (808) 249-2968

Block 6: Certifications and Signature

24 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million, and/or

b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	11071.44
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	9964.3
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	1107.14
d Total budgeted amount allocated to resources not eligible for E-rate support	20000
e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	21107.14

f ☐ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26 ☐ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☒ I certify that no technology plan is required by Commission rules.

27 ☒ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30 ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity Number: 16043126	Applicant's Form Identifier:
Contact Person: Patrick O'Rourke	Contact Phone Number: (808) 249-2988

Block 6: Certification and Signature (Continued)

31 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

33 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

34 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

35 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).

36 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

37 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

<p>38 Signature of authorized person <input type="checkbox"/></p>	<p>39 Date</p>
---	----------------

<p>40 Printed name of authorized person Patrick O'Rourke</p> <p>41 Title or position of authorized person Facilities Manager</p> <p><input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.</p> <p>42a Street Address, P.O. Box, or Route Number 99 Mahalani Street</p> <p>City Wailuku State HI Zip Code 96793-</p>	
---	--

Entity Number: 16043126		Applicant's Form Identifier:	
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988	
42b	Telephone Number of authorized Person	(808) 249-2988	Ext. 381
42c	Fax Number of Authorized Person	(808) 298-2989	
42d	E-mail Address of authorized Person	patrick.o'rourke@meoinc.org	
	Re-enter E-mail Address	patrick.o'rourke@meoInc.org	
42e	Name of Authorized Person's Employer	Maui Economic Opportunity	

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:
 SLD-Form 471
 P.O. Box 7026
 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:
 SLD Forms
 ATTN: SLD Form 471
 3833 Greenway Drive
 Lawrence, Kansas 66046
 (888) 203-8100

FCC Form 471 - October 2010

Close Print Preview

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FCC Form 471

Services Ordered and Certification Form

**Applicant's Form Identifier:****Entity Number:** 16043126**Contact Person:** Patrick O'Rourke**Phone Number:** (808) 249-2988 Ext. 381**Block 6: Certifications and Signature**

Do not write in this area

471 Application Number: 909763

24. ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are:
(Check one or both.)

a. ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to, elementary, secondary schools, colleges, or universities.

25. ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a.	Total funding year pre-discount amount on this Form 471 (Add the entries from Item 23i on all Block 5 Discount Funding Requests.)	\$11,071.44
b.	Total funding commitment request amount on this Form 471 (Add the entries from Items 23k on all Block 5 Discount Funding Requests.)	\$9,964.28
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	\$1,107.16
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$20,000.00
e.	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	\$21,107.16
f.	<input type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.	

26. ☐ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☒ I certify that no technology plan is required by Commission rules.

27. ☒ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28. ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30. ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

31. ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32. ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

33. ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

34. ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

35. ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1),(2).

36. ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for

such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

37. ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38. Cert ID = 1170691	39. Date
40. Printed name of authorized person Patrick O'Rourke	
41. Title or position of authorized person Facilities Manager	
<input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.	
42a. Street Address, P.O Box or Route Number 99 Mahalani Street Wailuku, HI 96793	
42b. Telephone number of authorized person: (808) 249-2988 , ext. 381	
42c. Fax number of authorized person: (808) 298-2989	
42d. E-mail of authorized person: patrick.o'rourke@meoinc.org	
42e. Name of authorized person's employer Maui Economic Opportunity	
ATTENTION: If you are signing Form 471 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.	
Please Check to affirm your compliance <input checked="" type="checkbox"/>	

**471 Application Number:
MEO HEAD START
99 MAHALANI STREET
WAILUKU, HI 96793**

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

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If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

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regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington DC 20554.

Please retain a copy of this page and submit a copy with any communications to the SLD. Please enclose a copy of this confirmation page when mailing your Item 21 attachments. If you wish to submit your required Item 21 Attachment at this time using our online system, choose the icon below for the Item 21 Attachment.

[Return to SLD Home Page](#)[Create Item 21 Attachment](#)

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Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550840
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Haiku Telephone
Narrative description of this Funding Request	Telephone service at Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$534.48
	Total:	\$534.48
	Funding Requested on 471:	\$534.48

Date Submitted**4/2/2013 6:59:12 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name MEO HEAD START
Billed Entity Number 16043126
Form 471 Application Number 909763
Funding Request Number 2550813
Service Provider Hawaiian Telcom, Inc.
Attachment Number Kahalui A Internet
Narrative description of this
Funding Request Telephone Service at Head Start Center

Internet

Service Type	Service Description	Eligible Pre-Discount Cost
1 DTS - DSL		\$468.72
Total:		\$468.72
Funding Requested on 471:		\$468.72

Date Submitted

4/2/2013 7:08:02 PM

**Item 21 Attachment****Telecommunications - Funding Year 2013**

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550811
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Kahalui A Telephone
Narrative description of this Funding Request	Telephone Service at Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 DTS - DSL	LOCAL PHONE SERVICE	\$510.48
Total:		\$510.48
Funding Requested on 471:		\$510.48

Date Submitted**4/2/2013 7:13:49 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550834
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Kahalui B Telephone
Narrative description of this Funding Request	Telephone Service at Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$534.48
	Total:	\$534.48
	Funding Requested on 471:	\$534.48

Date Submitted**4/2/2013 7:21:16 PM**

**Item 21 Attachment****Telecommunications - Funding Year 2013**

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550830
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Lihikai/PrePlus Telephone
Narrative description of this Funding Request	Telephone Service at Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$534.48
		<hr/>
Total:		\$534.48
Funding Requested on 471:		\$534.48

Date Submitted**4/2/2013 7:23:28 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550833
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Kihei A Telephone
Narrative description of this Funding Request	Telephone Service at Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$510.48
	Total:	\$510.48
	Funding Requested on 471:	\$510.48

Date Submitted**4/2/2013 7:25:58 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550849
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Kihei A Internet
Narrative description of this Funding Request	Internet Connection for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 DTS - DSL		\$468.72
		<hr/>
Total:		\$468.72
Funding Requested on 471:		\$468.72

Date Submitted**4/2/2013 7:28:50 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550832
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Kihei B Telephone
Narrative description of this Funding Request	Telephone Service at Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$534.48
	Total:	\$534.48
	Funding Requested on 471:	\$534.48

Date Submitted**4/2/2013 7:49:35 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name MEO HEAD START
Billed Entity Number 16043126
Form 471 Application Number 909763
Funding Request Number 2550827
Service Provider Hawaiian Telcom, Inc.
Attachment Number MCC Telephone
Narrative description of this Funding Request Telephone Service at Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$510.48
Total:		\$510.48
Funding Requested on 471:		\$510.48

Date Submitted**4/2/2013 7:56:59 PM**

**Item 21 Attachment****Telecommunications - Funding Year 2013**

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550812
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	MCC Internet
Narrative description of this Funding Request	Internet Connection for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 DTS - DSL		\$468.72
Total:		\$468.72
Funding Requested on 471:		\$468.72

Date Submitted**4/2/2013 8:01:04 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550831
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Lahaina Telephone
Narrative description of this Funding Request	Telephone Service at Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$510.48
Total:		\$510.48
Funding Requested on 471:		\$510.48

Date Submitted

4/2/2013 8:08:12 PM



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550847
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Lahaina Internet
Narrative description of this Funding Request	Internet Connection for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 DTS - DSL		\$468.72
Total:		\$468.72
Funding Requested on 471:		\$468.72

Date Submitted

4/2/2013 8:10:49 PM



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550829
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Makawao A Telephone
Narrative description of this Funding Request	Telephone Service for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$510.48
	Total:	\$510.48
	Funding Requested on 471:	\$510.48

Date Submitted**4/2/2013 8:15:56 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550846
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Makawao A Internet
Narrative description of this Funding Request	Internet Connection for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 DTS - DSL		\$468.72
Total:		\$468.72
Funding Requested on 471:		\$468.72

Date Submitted**4/2/2013 8:19:40 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550828
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Makawao B Telephone
Narrative description of this Funding Request	Telephone Service for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$534.48
	Total:	\$534.48
	Funding Requested on 471:	\$534.48

Date Submitted**4/2/2013 8:23:03 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550826
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Wailuku A Telephone
Narrative description of this Funding Request	Telephone Service for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$510.48
	Total:	\$510.48
	Funding Requested on 471:	\$510.48

Date Submitted**4/2/2013 8:37:39 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550845
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Wailuku A Internet
Narrative description of this Funding Request	Internet Connection for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 DTS - DSL		\$468.72
Total:		\$468.72
Funding Requested on 471:		\$468.72

Date Submitted

4/2/2013 8:39:47 PM

**Item 21 Attachment****Telecommunications - Funding Year 2013**

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550839
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Kaheliki Terrace Telephon
Narrative description of this Funding Request	Telephone Service for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$534.48
	Total:	\$534.48
	Funding Requested on 471:	\$534.48

Date Submitted**4/2/2013 8:43:21 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550814
Service Provider	Clearwire Communications, LLC
Attachment Number	Kahekili Terrace Internet
Narrative description of this Funding Request	Internet Connection for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 DTS - DSL		\$358.56
Total:		\$358.56
Funding Requested on 471:		\$358.56

Date Submitted**4/2/2013 8:45:42 PM**

**Item 21 Attachment****Telecommunications - Funding Year 2013**

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550844
Service Provider	Time Warner Cable Information Services (Hawaii), LLC
Attachment Number	Kaunakakai A Internet
Narrative description of this Funding Request	Internet Connection for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Cable Modem	Broadband Cable	\$561.84
Total:		\$561.84
Funding Requested on 471:		\$561.84

Date Submitted**4/2/2013 9:02:00 PM**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550807
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Kaunakakai A Telephone
Narrative description of this Funding Request	Telephone Service for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$534.48
	Total:	\$534.48
	Funding Requested on 471:	\$534.48

Date Submitted**4/2/2013 9:04:12 PM**

**Item 21 Attachment****Telecommunications - Funding Year 2013**

Applicant Name	MEO HEAD START
Billed Entity Number	16043126
Form 471 Application Number	909763
Funding Request Number	2550806
Service Provider	Hawaiian Telcom, Inc.
Attachment Number	Kaunakakai B Telephone
Narrative description of this Funding Request	Telephone Service for Head Start Center

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local Phone Service		\$534.48
	Total:	\$534.48
	Funding Requested on 471:	\$534.48

Date Submitted**4/2/2013 9:06:02 PM**